

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates: All Routes				To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57
County Name		County Number		District Nan	ne		Legal Entity Number	
Flathead			15		Kalispell	Public Schools		0310 0311
Route #	Length of F	Route	(miles per day)			rvice Bus Route M		Rated Capacity
31	17.8				Bus Rout	□ Non Bus Mile te Mileage	age	71
Vehicle I.D. #	Licens	se#			District Ow		District Own	ned
1HVBRABP22B919336	1530)				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal	entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0310	Legal	l Entity		iatc	h budget! Legal Entity	,	Legal Enti	ty
% 100.00	%				%		%	
PASSENGER INFORMATION	/0				/0		/0	
Number of Preschool/Kindergar this route	rten pupils rid	ling	ELEMENTARY (Grades Ph		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		2	c a + b
Regular (include eligible Preschool/	Kindergarten ri	ders)	HOMBE			HOMBE	<u> </u>	u i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement that wo o be eligible)	OR ould						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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This Application for Registration	n of School B	us and						
area assigned to it by the Coun Signature - Chair, County Transport			Committee.				Date	



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Kalispell Public Schools 0310 0311 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 16 18 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Fisher Transportation 1HVBBAAP7SH614532 1848 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0310 0311 50.00 % % 50.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Name	County Number	District Nar	ne		Legal Entity Number		
Flathead		15	Kalispell	Public Schools		0310 0311	
Route #	Length of Route		Type of Ser	rvice Bus Route Mile		Rated Capacity	
32	20.7		Rus Rout	□ Non Bus Milea te Mileage	ge	71	
Vehicle I.D. #	License #		☐ District Ow		istrict Own	<u> </u>	
1HVBBABP5TH369908	1468			If so, Name of Owner drate per mile			
Reimbursement Distribution- Er	nter the legal entity		of state/county tch budget!	y reimbursement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity 0310	Legal Entit		Legal Entity	Legal Enti		у	
% 100.00	%		%		%		
PASSENGER INFORMATION	,,,						
Number of Preschool/Kindergal this route	rten pupils riding	ELEMENTARY R (Grades PK-		HIGH SCHOOL R (Grades 9-1)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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All Routes	October 1 Octobe		October 15		\$1.57		
County Name		County Number	District Nar	ne		Legal Entity Number	
Flathead		15	Kalispell	Public Schools		0310 0311	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mile Non Bus Milea	_	Rated Capacity	
15	21.2		Bus Rout	te Mileage		71	
Vehicle I.D. #	License #		□ District Ow		ontractor C		
1HVBBPHP8NH453525	1938			If so, Name of Owner F d rate per mile	isher Trans	sportation —	
Reimbursement Distribution- Ent	er the legal entity		e of state/county atch budget!	y reimbursement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity 0310	Legal Entit 0			Legal Entity		Legal Entity	
% 50.00	% 50	.00	%		%		
PASSENGER INFORMATION	70 00				70		
Number of Preschool/Kindergarte	en pupils riding	ELEMENTARY (Grades Pk	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER	?	b NUMBER		c a+b	
Regular (include eligible Preschool/Ki	Regular (include eligible Preschool/Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to	ement that would be eligible)						
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)						
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e.g.iataro enan, odunty manopolta					2410		



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All Routes		October 1 Octo		October 15		\$1.57	
County Name		County Numb	oer	District Nan	ne		Legal Entity Number
Flathead		15		Kalispell	Public Schools		0310 0311
Route #	Length of Ro	ute (miles per day)	ı		rvice Bus Route Mil	•	Rated Capacity
22	26			Bus Rout	□ Non Bus Milea te Mileage	age	72
Vehicle I.D. #	License	#	[☐ District Ow		Contractor C	wned
1BAAHB7A5PF055813	9039				If so, Name of Owner Irate per mile	Kiddie Coac	h <u>—-</u>
Reimbursement Distribution- En	ter the legal e	ntity number and pe			reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal E	Entity	must mat	ch budget! Legal Entity	,	Legal Entity	/
0310		0311					
% 50.00	%	50.00		%		%	
PASSENGER INFORMATION		LELEME	NTARY RI	DEDC	HIGH SCHOOL I	DIDEBO	TOTAL
Number of Preschool/Kindergart this route	ten pupils ridin		Grades PK-8	_	(Grades 9-1		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/K	Regular (include eligible Preschool/Kindergarten riders)					-	
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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Kalispell Public Schools 0310 0311 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12 24.8 71 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Berry Transportation & Leasing 4DRBRAAPX4B965406 1962 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0311 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates:		To County Supt To OPI			Rate Per Mile		
All Routes			October 1	October 15	;	\$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Flathead		15	Kalispell	Public Schools		0310 0311	
Route #	Length of Route	(miles per day)	Type of Ser			Rated Capacity	
2	70		Bus Rout	□ Non Bus Milea e Mileage	ige	72	
Vehicle I.D. #	License #		□ District Ow		ontractor C)wned	
1GBL7T1P8VJ114145	BUS2		□ Contract - □ Contracted		reasure Sta	easure State Transit	
Reimbursement Distribution- En	ter the legal entity		entage of state/county ust match budget!	reimbursement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity 0311	Legal Entity		Legal Entity		Legal Entity	/	
% 100.00	%		%		%		
PASSENGER INFORMATION	7.0		,,,		70	•	
Number of Preschool/Kindergard this route	ten pupils riding		ARY RIDERS es PK-8)	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap	-			•	•	•	
Signature - Chair, Board of Trustees		and transportation			Date		
County T This Application for Registration area assigned to it by the Count Signature - Chair, County Transporta	of School Bus and y Transportation C	d State Reimburser		ordance with Section 2 wed and I certify that this			
organization - Origin, Country Transports	anon Committee				Daid		



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Kalispell Public Schools 0310 0311 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 64.9 72 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Ron Dyer 1FDPJ75P9KVAO4141 1846 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0311 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)

Nonpublic School Riders (ineligible)

Signature - Chair, Board of Trustees

TOTAL RIDERS

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2005 - 2006

1 copy State Supt.1 copy County Supt.1 copy School District

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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Due Date All Routes	s:	•	ounty Supt	To OPI October 15	l	Rate Per Mile \$1.57		
County Name	County Number District Na		ne		Legal Entity Number			
Flathead		15	Kalienall	Public Schools		0310 0311		
Route #	Length of Route		Type of Ser		leage	Rated Capacity		
8	105.9		Buo Dout	□ Non Bus Mile	age	71		
Vehicle I.D. #	License #		☐ District Ow	re Mileage	Contractor (
1969	1469		□ Contract -	If so, Name of Owner I rate per mile				
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0311	Legal Entity		Legal Entity	,	Legal Entit	ty		
0/ 400.00	0/		0/		0/			
% 100.00 PASSENGER INFORMATION	%		%		%			
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS		
		a NUMBER)	b NUMBER		c a + b		
Regular (include eligible Preschool/h	Kindergarten riders)	HOWIDET	<u>`</u>	NOWBE		u i b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement that would b be eligible)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County This Application for Registration		ommittee Approval as r						
area assigned to it by the Count	ty Transportation C		iao boon toviev	Tod and I dormy that this	<u>'</u>	, main the dansportation		
Signature - Chair, County Transport	Signature - Chair, County Transportation Committee Date							



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Kalispell Public Schools 0310 0311 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 6 108.1 72 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Ed & Edith Sanders 1BAAHC5HXXFO85187 2365 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0311 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date

Enter the Control of	1 M M	1
For additional information contact	t Maxine Moudeot at 444-3096	or email mmougeot@state.mt.us



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Due Date All Routes		County Supt ober 1	To OPI October 15	l	Rate Per Mile \$1.36		
County Name	County Number	County Number District Name			Legal Entity Number		
Flathead		15	Columbia	a Falls Pub Schls		0312 0313	
Route #	Length of Route	e (miles per day)	Type of Ser	rvice Bus Route Mi		Rated Capacity	
26 sp.Ed	148		Bus Rout	□ Non Bus Mile te Mileage	age	64	
Vehicle I.D. #	License #		□ District Ow	ned [District Own	ed	
1BABNC0A91F099348	1403			If so, Name of Owner drate per mile			
Reimbursement Distribution- Er	nter the legal enti			y reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Ent		Legal Entity	/	Legal Entit	ry .	
0312		0313					
% 67.00	% 3	3.00	%		%		
PASSENGER INFORMATION	70 0						
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Pl	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		a NUMBE	R	b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)			TYOMBET		d i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to	eement that would be be eligible)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)						
TOTAL RIDERS							
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area assigned to it by the Count Signature - Chair, County Transport	ty Transportation				Date	,	
olymators origin, county transport	Signature Shair, Starty Transportation Committee						



Date

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Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)

Nonpublic School Riders (ineligible)

TOTAL RIDERS

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2005 - 2006

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Due Date All Routes				Cou ctobe	inty Supt r 1	To OPI October 15		Rate Per Mile \$1.80
County Name			County Number		District Nam	ne		Legal Entity Number
Flathead			15		Columbia	Falls Pub Schls		0312 0313
Route #	Leng	th of Route	(miles per day)		Type of Ser	vice Bus Route Mi		Rated Capacity
11	48				Bus Rout	□ Non Bus Mile e Mileage	age	84
Vehicle I.D. #		License #					District Own	ned
1BAANBSA6RF060408		7907				If so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the	e legal entity			f state/county ch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0312		Legal Entity		matt	Legal Entity		Legal Entit	ty
% 67.00		% 33.	00		%		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergal this route	rten pu	ipils riding	ELEMENTAR (Grades		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NI IMB	a NUMBER		b NUMBEF)	c a + b
Regular (include eligible Preschool/	Kinderg	arten riders)	NOWL)LIX		NOWBEI	`	аты
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
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County This Application for Registration area assigned to it by the Coun	n of Scl	hool Bus and	d State Reimburseme			ordance with Section 2 ved and I certify that this		
Signature - Chair, County Transport	-	•					Date	



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Due Date All Routes			To (Oct		nty Supt r 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District Nam	ne		Legal Entity Number
Flathead			15		Columbia	Falls Pub Schls		0312 0313
Route #	Length	of Route (miles per day)		Type of Ser	vice Bus Route Mi		Rated Capacity
3	33.6				Bus Rout	□ Non Bus Mile e Mileage	age	72
Vehicle I.D. #	Li	icense #			•		District Own	ned
1BAAHCSHONF046993	7	929				If so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the le	egal entity			f state/county h budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0312	L	egal Entity. 03		iaic	Legal Entity		Legal Entit	ty
% 67.00 PASSENGER INFORMATION		% 33.0	00		%		%	
PASSENGER INFORMATION			ELEMENTARY	RII	DERS	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergal this route	rten pupil	ls riding	(Grades P	K-8)	(Grades 9-	12)	ELIGIBLE RIDERS
				a NUMBER		b NUMBEF	?	c a + b
Regular (include eligible Preschool/	Kindergart	ten riders)						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement that o be eligibl	at would ble)						
Nonpublic School Riders (ineligible)		Í						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees	S						Date	
County This Application for Registration area assigned to it by the Coun Signature - Chair, County Transport	n of Scho ty Transp	ool Bus and portation C	State Reimbursement			ordance with Section aved and I certify that this		
Signature Shan, County Hallsport							2010	



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Due Date All Routes				Cou tobe	inty Supt r 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District Nam	пе		Legal Entity Number
Flathead			15		Columbia	Falls Pub Schls		0312 0313
Route #	Length	h of Route (miles per day)		Type of Ser	vice Bus Route Mi		Rated Capacity
25	34.4				Bus Rout	□ Non Bus Mile e Mileage	age	78
Vehicle I.D. #	L	_icense #					District Own	ned
1BAAKBSA1MF046756	9	902				f so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the	legal entity			f state/county ch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0312	I	Legal Entity 03		mate	Legal Entity		Legal Entit	ty
% 67.00		% 33.	00		%		%	
PASSENGER INFORMATION		70 00.			70		70	
Number of Preschool/Kindergar this route	rten pup	ils riding	ELEMENTAR` (Grades F		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBI	ED		b NUMBEF)	c a + b
Regular (include eligible Preschool/l	Kindergaı	rten riders)	INOINIBI	<u> </u>		NOWBER	\	a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinders	eement th o be eligil	nat would ble)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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Signature - Chair, County Transport	-						Date	



Date

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Signature - Chair, Board of Trustees

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Due Dates	: ·	To Co	unty Supt	To OPI	R	ate Per Mile
All Routes		Octobe		October 15	\$	1.80
County Name		County Number	District Nan	ne		Legal Entity Number
Flathead		15	Columbia	a Falls Pub Schls		0312 0313
Route #	Length of Route	(miles per day)	Type of Sei			Rated Capacity
13	23.6		Bus Rout	□ Non Bus Milea te Mileage		84
Vehicle I.D. #	License #	[☐ District Ow	ned D	District Owner	ed
1BAANBSA4RF060598	1059			If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	iter the legal entity		of state/county ch budget!	reimbursement to be pa	aid to each dist	rict. Note: Percentages
Legal Entity	Legal Entit	у	Legal Entity	,	Legal Entity	
0312	O	313				
% 67.00	% 33	.00	%		%	
PASSENGER INFORMATION	70 00		70		,,	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY RI (Grades PK-8	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER)	с а+b
Regular (include eligible Preschool/h	(indergarten riders)	NOMBER		NOWBER	`	u i b
1st Wheelchair (WC)						
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County 1 This Application for Registration		ommittee Approval as red				
area assigned to it by the Count	y Transportation (20 20011 101101	To and rooting that this		
Signature - Chair, County Transports	ation Committee				Date	



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Columbia Falls Pub Schls 0312 0313 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 8 19.4 78 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAKBSAXMF046755 7901 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0312 0313 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Flathead Cayuse Prairie Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 31.2 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Miles of Smiles Inc XXXXXXXXXXXXX6299 2760 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0317 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement e Due Date: All Routes	ven though transpos:	ortees of another legal e			F	Rate Per Mile \$1.80
County Name		County Number	District Nan	ne		Legal Entity Number
Flathead		15	Somers E	Elementary		0327
Route #	Length of Route	(miles per day)	Type of Sei	rvice Bus Route Mil Non Bus Milea		Rated Capacity
10	34		Bus Rout	e Mileage		84
Vehicle I.D. #	License #		□ District Ow	rned C	Contractor C	
7272	5933			If so, Name of Owner Trate per mile	Freasure Sta	ate Transit —
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0327	Legal Entity		atch budget! Legal Entity	,	Legal Entity	У
% 100.00	%		%		%	
PASSENGER INFORMATION		EL EMENTA DV	DIDEDO	111011 2011001	DIDEDO	TOTAL
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL I (Grades 9-1		ELIGIBLE RIDERS
		a NUMBEI	₹	b NUMBER	2	c a+b
Regular (include eligible Preschool/l	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
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I certify that this application for bus operates on the route as ap	-				•	•
Signature - Chair, Board of Trustees	· · · · · · · · · · · · · · · · · · ·				Date	
County This Application for Registration area assigned to it by the County	of School Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport					Date	



1 copy State Supt.1 copy County Supt.1 copy School District

Rate Per Mile

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Due Dates: To County Supt October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Flathead Somers Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12 38 84 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Treasure State Transit 7274 5932 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0327 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Flathead Somers Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 11 40.4 84 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Treasure State Transit 0848 8739 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0327 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile

Due Dates: All Routes		To County Supt October 1		To OPI October 15		\$1.80	
County Name		County Number	District Nam	ie		Legal Entity Number	
Flathead		15	Somers E	Elementary		0327	
Route #	Length of Route			Type of Service Bus Route Mile		Rated Capacity	
	21		Bus Route	□ Non Bus Milea e Mileage		84	
Vehicle I.D. #	License #		□ District Owr		ontractor C		
1BAANCPA31F097273	5931			f so, Name of Owner Trate per mile	reasure Sta	ate Transit	
Reimbursement Distribution- Enter	er the legal entity		of state/county tch budget!	reimbursement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity 0327	Legal Entity		Legal Entity		Legal Entity	y	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergarte this route	en pupils riding	ELEMENTARY R (Grades PK		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kii	ndergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., ur nonresident and no attendance agree otherwise allow nonresident riders to b (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ment that would be eligible)						
TOTAL RIDERS							
TOTAL RIDERS							
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I certify that this application for re	•			•	•	•	
bus operates on the route as approved by and within the transportation ser Signature - Chair, Board of Trustees			vice area assigr	ied by the County Trans	Date		
County Tr This Application for Registration of area assigned to it by the County Signature - Chair, County Transportat	of School Bus and Transportation C		•		•		



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Due Dates All Routes	:	To Co Octobe	unty Supt er 1	To OPI October 15	;	\$1.80
County Name		County Number	District Nam	e		Legal Entity Number
Flathead		15	Somers E	lementary		0327
Route #	Length of Route		Type of Serv	vice ☐ Bus Route Mile	•	Rated Capacity
10 EXT	26		Bus Route	□ Non Bus Milea e Mileage	ge	84
Vehicle I.D. #	License #	[☐ District Owr		ontractor C	wned
7272	5933			f so, Name of Owner Trate per mile	reasure Sta	ate Transit
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	id to each dis	rict. Note: Percentages
Legal Entity 0327	Legal Entity		Legal Entity		Legal Entity	,
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV. D	IDEDC	LIICH CCHOOL D	IDEDC	TOTAL
Number of Preschool/Kindergart this route	en pupils riding	ELEMENTARY RI (Grades PK-		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/K	indergarten riders)	HOMBER		NOWBER		u i b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
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This Application for Registration	of School Bus and					
area assigned to it by the County Signature - Chair, County Transporta		ommillee.			Date	



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead **Bigfork Public Schools** 0330 0331 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 15 30 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Carol Bjork 6890 3069 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0330 0331 50.00 % 50.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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This form is required in accorda receives state reimbursement e					one form for ea	ch bus route that	
Due Dates	•	To Co	unty Supt	To OPI	R	ate Per Mile	
All Routes		Octobe		October 15	\$	\$1.57	
County Name		County Number	District Nam	ne		Legal Entity Number	
Flathead		15	Bigfork Pi	ublic Schools		0330 0331	
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mi	leage	Rated Capacity	
12	47.3		Bus Route	□ Non Bus Mile e Mileage		78	
Vehicle I.D. #	License #	[☐ District Owr	· ·	District Owne	ed	
1BAANBSA2RF062396	1242		□ Contract - I□ Contracted	f so, Name of Owner rate per mile			
Reimbursement Distribution- Er	ter the legal entity		of state/county ch budget!	reimbursement to be p	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entit	у	Legal Entity		Legal Entity		
0330	O	331					
% 50.00	% 50	.00	%		%		
PASSENGER INFORMATION	,, 30		70		70	_	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY RI (Grades PK-		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBEF)	с а+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOWIDER		NOMBLE	`	аты	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement that would be be eligible)						
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
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County This Application for Registration		ommittee Approval as red State Reimbursement ha					
area assigned to it by the Count Signature - Chair, County Transport		Committee.			Date		
J.							



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement ev					one form for ea	ch bus route that
Due Dates	: :	То	To County Supt		R	ate Per Mile
All Routes			ctober 1	October 15	9	\$1.80
County Name		County Number	District Nam	ne		Legal Entity Number
Flathead		15	Bigfork P	ublic Schools		0330 0331
Route #	Length of Route		Type of Ser	vice Bus Route Mil	eage	Rated Capacity
18	43		Bus Rout	□ Non Bus Milea e Mileage		84
Vehicle I.D. #	License #		□ District Ow	ned D	District Own	ed
1BABNBXA72F205619	1482			f so, Name of Owner rate per mile		
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages
Legal Entity	Legal Enti	ty	match budget! Legal Entity		Legal Entity	′
0330	C	331				
% 50.00	% 50	0.00	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergart	en pupils riding	ELEMENTAR\ (Grades F	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
			a NUMBER		1	C
Regular (include eligible Preschool/K	(indergarten riders)	NOWBI	LIX	NUMBER		a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unonresident and no attendance agree						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	be eligible)					
Nonpublic School Riders (ineligible)	····					
TOTAL RIDERS						
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County T This Application for Registration				ordance with Section 2 ved and I certify that this		
area assigned to it by the County	y Transportation			,	Date	•



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receives state reimbursement even though transpo		• , ,			Rate Per Mile	
Due Date All Routes			To County Supt October 1	To OPI October 15	:	\$1.57
County Name		County Number	District Nam	ne		Legal Entity Number
Flathead		15	Biafork P	ublic Schools		0330 0331
Route #	Length of Route			vice Bus Route Mil	-	Rated Capacity
17	47		Bus Rout	□ Non Bus Milea e Mileage	age	71
Vehicle I.D. #	License #		□ District Ow		Contractor C	Owned
1HVBBPEPXNH451697	4482		□ Contract - I□ Contracted	f so, Name of Owner crate per mile	James & De	bbie Thompson
Reimbursement Distribution- Er	nter the legal entity		tage of state/county st match budget!	reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0330	Legal Entity		Legal Entity		Legal Entity	У
% 50.00	% 50	.00	%		%	
PASSENGER INFORMATION		EL ENGLITA	DV DIDEDO	111011 0011001	DIDEDO	TOTAL
Number of Preschool/Kindergar	ten pupils riding	ELEMENTA (Grade:		HIGH SCHOOL I (Grades 9-1	_	TOTAL ELIGIBLE RIDERS
		NUM		b NUMBER	t	c a+b
Regular (include eligible Preschool/l	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
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certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees	<u> </u>	•	<u> </u>	•	Date	
This Application for Registration	of School Bus and	d State Reimbursem	•	ordance with Section 2 yed and I certify that this		
area assigned to it by the Coun Signature - Chair, County Transport		Committee.			Date	
					1	



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Flathead **Bigfork Public Schools** 0330 0331 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 11 56 84 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Treasure State Transit 0754 4217 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0330 0331 50.00 % % 50.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates All Routes		To Co Octob	ounty Supt per 1	To OPI October 15		ate Per Mile 60.95
County Name		County Number	District Nam	ne		Legal Entity Number
Flathead		15	Whitefish	Whitefish Public Schools		0334 0335
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mile	age	Rated Capacity
13A	58		Bus Rout	□ Non Bus Mileaç e Mileage		24
Vehicle I.D. #	License #		□ District Ow	ned Co	ontractor O	
1494	4832		□ Contract - I□ Contracted	f so, Name of Owner Rorate per mile	ocky Moun	tain Transportation
Reimbursement Distribution- En	ter the legal entity		of state/county	reimbursement to be pai	d to each dist	rict. Note: Percentages
Legal Entity 0334	Legal Entity		Legal Entity		Legal Entity	,
% 100.00 PASSENGER INFORMATION	%		%		%	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK	-	HIGH SCHOOL RI (Grades 9-12	-	TOTAL ELIGIBLE RIDERS
		a NUMBER	1	b NUMBER		c a + b
Regular (include eligible Preschool/h	(indergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
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Signature - Chair, County Transporta	ation Committee				Date	



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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area projected to it but the County Transportation Committee.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Date All Routes				County Supt ober 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District Na	ame		Legal Entity Number
Flathead			15	Whitefis	h Public Schools		0334 0335
Route #	Length	h of Route (miles per day)	Type of S	ervice Bus Route Mi		Rated Capacity
4	41			Bus Rou	□ Non Bus Mile ute Mileage	age	71
Vehicle I.D. #	L	icense #		□ District O		Contractor C	Dwned
4123	2	2104			- If so, Name of Owner f ed rate per mile	Rocky Mour	ntain Transportation
Reimbursement Distribution- Er	nter the I	legal entity		ge of state/coun natch budget!	ty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0334	L	Legal Entity 03		Legal Enti	ty	Legal Entit	у
% 65.00		% 35.0	00	%		%	
PASSENGER INFORMATION		70 00.		70			
Number of Preschool/Kindergar this route	rten pupi	ils riding	ELEMENTARY (Grades P	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBE	:B	b NUMBEF	2	c a+b
Regular (include eligible Preschool/l	Kindergar	rten riders)	NOMBL		NOWBE		415
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)	eement th o be eligik garten rid	nat would ble)					
TOTAL RIDERS							
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes oc accordance with 20-10-132, MCA.	We further bus and but meets the ensed, qu liciting or the laws, es district hall be att	er certify that us route by the minimum sualified and a causing other, rules or regulated and traited to the	this bus transports pupils ne State Superintendent; it tandards as established by pproved driver to operate rs to solicit students from ulations governing school insports students from out county superintendent's of the state	eligible for school of make such report of the Board of Pu such vehicle as rother transportation will side the district, acopy of this docur	Il transportation as defined by orts to the State Superintende iblic Education, the Montana equired by 20-10-103, MCA. on areas. I be sufficient cause for withh a copy of the agreement between.	v 20-10-101, MC ent and County S Highway Patrol a olding of state a een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		by and with	m nie nansportation s	orvico area ass	igned by the County Hall	Date	minuto.
County This Application for Registration area assigned to it by the County	n of Scho	ool Bus and	State Reimbursemen		cordance with Section 2 ewed and I certify that this		
Signature - Chair, County Transport	tation Con	mmittee				Date	



1 copy State Supt.1 copy County Supt.1 copy School District

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This form is required in accords	noo with Title 20. (Shantar 10 Dart 1 MCA	Cabaal diatria	t official must complete	ana farm far as	ach bug route that
This form is required in accorda receives state reimbursement e						
Due Date:	s:	То С	ounty Supt	To OPI	F	Rate Per Mile
All Routes	3	Octo	ber 1	October 15	:	\$1.57
County Name		County Number	District Nar	ne		Legal Entity Number
Flathead		15	Whitefish	Public Schools		0334 0335
Route #	Length of Route	(miles per day)	Type of Se			Rated Capacity
9	31.2		Bus Rout	□ Non Bus Milea e Mileage	age	72
Vehicle I.D. #	License #		□ District Ow	ned (Contractor C	
3378	2109			If so, Name of Owner F I rate per mile	Rocky Mour	ntain Transportation
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entity		atch budget! Legal Entity	,	Legal Entity	у
0334	00	335				
% 65.00	% 35.	.00	%		%	
PASSENGER INFORMATION	-					
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-2		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/	Kindergarten riders)				-	
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agree						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	o be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill operate entirely on	the route established by the	e Board of Trustee	I s and within the transportat	tion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b	We further certify that	t this bus transports pupils o	eligible for school t	ransportation as defined by	, 20-10-101, MC	٩.
required; to provide a vehicle which Superintendent; and to provide a lice	meets the minimum s	standards as established by	the Board of Pub	lic Education, the Montana		
We also agree to refrain from sol We understand that violations of	iciting or causing other	ers to solicit students from o	ther transportation	n areas.	olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse						
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	hall be attached to the	county superintendent's co	opy of this docume	ent.		
I certify that this application for bus operates on the route as ap	•			•	•	•
Signature - Chair, Board of Trustees					Date	
Carmer	Transportation Ca	ammittaa Annraval aa	roquirod in acc	ordance with Section (20.40.422 M/C	Α.
This Application for Registration area assigned to it by the Countries	of School Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport	ation Committee				Date	



1 copy State Supt. 1 copy County Supt.

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

1 copy School District Rate Per Mile \$1.57 Legal Entity Number 0334 0335 Rated Capacity 71 % TOTAL **ELIGIBLE RIDERS** С a + b

receives state reimbursement even though transportees of another legal entity may utilize the services. **Due Dates: To County Supt** October 15 All Routes October 1 County Name County Number District Name Flathead Whitefish Public Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage □ Non Bus Mileage 7 27 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned □ Contract - If so, Name of Owner Rocky Mountain Transportation 3395 2107 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0334 0335 35.00 % 65.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) this route h NUMBER NUMBER Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Marion Elementary 0341 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 35 57 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Komenda Ent Inc 1GDJ6P1B7GV510592 4260 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0341 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

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1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead Olney-Bissell Elementary 0342 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 1b 64.7 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Becker Bussing 2506 8214 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0342 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Flathead West Glacier Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 16B 78.8 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Byrd Transportation IHVBBAAP4WH524440 1612 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1223 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date

Signature - Chair, Board of Trustees



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though transp	ortees of another legal ent	ity may utilize	the services.	-	Poto Dor Milo
Due Date			inty Supt	To OPI		Rate Per Mile
All Routes	i 	Octobe	er 1	October 15		\$1.57
County Name		County Number	District Nam	ne		Legal Entity Number
Flathead		15	West Gla	cier Elementary		1223
Route #	Length of Route	(miles per day)		vice Bus Route Mile Non Bus Milea	-	Rated Capacity
16A	85.2		Bus Rout	e Mileage		71
Vehicle I.D. #	License #		District Ow		Contractor C	
IHVBBAAP4WH524440	1612			If so, Name of Owner Brate per mile	yrd Transp	ortation —
Reimbursement Distribution- Er	nter the legal entity		of state/county ch budget!	reimbursement to be pa	aid to each dist	trict. Note: Percentages
Legal Entity 1223	Legal Entit		Legal Entity		Legal Entity	У
% 100.00	%		%		%	
PASSENGER INFORMATION		EL EMENTA DV D	DEDO		UDEDO.	TOTAL
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/l	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement that would be be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this brequired; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sol. We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl. We understand route changes of accordance with 20-10-132, MCA.	We further certify that us and bus route by meets the minimum ensed, qualified and iciting or causing oth the laws, rules or regest district lines and tranall be attached to the courring during the so	t this bus transports pupils elig the State Superintendent; to m standards as established by th approved driver to operate suc- ers to solicit students from oth- julations governing school tran ansports students from outside e county superintendent's copy school year require the filing of a	ible for school t lake such report e Board of Publ h vehicle as recer transportation sportation will be the district, a ce y of this docume in amended TR	ransportation as defined by ts to the State Superintende ic Education, the Montana I-quired by 20-10-103, MCA. n areas. The sufficient cause for withhous opy of the agreement betweent. -1 form and approval of the	20-10-101, MC/Ant and County Sidighway Patrol a olding of state an een Boards, 20-1	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		·	J		Date	
This Application for Registration area assigned to it by the Coun	of School Bus an ty Transportation (bus operates	
Signature - Chair, County Transport	ation Committee				Date	